ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Lb		07-13-4
O.I.P.E. CLASSIFIER	Dr	32	724
FORMALITY REVIEW	ZA	1120	8/24/01
RESPONSE FORMALITY REVIEW	R,B	1078	10/10/01

INDEX OF CLAIMS

✔	.... Rejected	N .... Non-elected
=	.... Allowed	I .... Interference
–	(Through numeral)... Canceled	A .... Appeal
÷	.... Restricted	0 .... Objected

Claim (Final)	Claim (Original)	Date 04/19/03	03/15/03	07/08/04						
(1)	1	÷	2							
	2	÷	N							
	3	÷	N							
	4	÷	N							
	5	÷	N							
	6	÷	N							
	7	÷	N							
	8	÷	N							
	9	÷	N							
	10	÷	N							
	11	÷	N							
(12)	12	÷	N							
	13	÷	✔	/						
	14	÷	✔	/						
	15	÷	✔	/						
	16	÷	✔	/						
	17	÷	✔							
	18	÷	✔	/						
	19	÷	✔	/						
	20	÷	✔	/						
(21)	21	÷	✔							
	22	÷	✔							
	23	÷	✔							
(24)	24	÷	✔							
	25	÷	✔	/						
	26	÷	✔	/ /						
	27	÷	✔	/						
	28	÷	✔	/						
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Claim (Final)	Claim (Original)	Date								
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Claim (Final)	Claim (Original)	Date								
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

949
8/24/01